

Tobacco Prevention and Cessation

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Assessment Tool for Becoming a 100 Percent Tobacco-Free School¹

A 100 percent tobacco-free school policy prohibits **all tobacco use** (including smoking and spit tobacco), by **everyone** (including students, staff, and visitors), at **all times** (24 hours a day/7 days a week), **everywhere** on campus (including athletic fields).

Characteristics of Current Tobacco Policy

- Does your school have a 100 percent tobacco-free policy currently in place? Yes ☐ No ☐
- When was the tobacco policy established? _____
- Does the policy specify rules for (check all that apply) students ☐ staff ☐ visitors ☐
- Are all tobacco products covered in the policy? Yes ☐ No ☐
- Does the same policy apply to all schools in the school district? Yes ☐ No ☐
- According to the school policy, are students, staff and/or visitors permitted to use any tobacco products in any of the following places **DURING REGULAR SCHOOL HOURS**?

	Students		Staff		Visitors	
a. Inside school buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. On school grounds in designated areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Playing fields and spectator areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. School sponsored events off campus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. School vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Administrative/other buildings and facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- According to the school policy, are students, staff and/or visitors permitted to use tobacco products in any of the following places **AFTER REGULAR SCHOOL HOURS** (such as athletic events)?

	Students		Staff		Visitors	
a. Inside school buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. On school grounds in designated areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Playing fields and spectator areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. School sponsored events off campus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. School vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Administrative/other buildings and facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- In your opinion, what is the primary reason your school does not have a 100 percent tobacco-free policy in place at this time? _____
- Does your school (or school district) have a policy in place prohibiting the school district from accepting funding from the tobacco industry – for example, to purchase a health curriculum or computers? Yes ☐ No ☐
- Does your school (or school district) have a policy in place that prohibits tobacco advertising in school buildings, in property leased by the school, at school functions, in school publications and on students' clothing? Yes ☐ No ☐
- Describe the changes needed to make the current tobacco policy meet the 100 percent tobacco-free policy criteria. _____

Policy Communication

- Describe how students, staff and visitors are made aware of the school's (or school district's) tobacco policy. Check all that apply.
 - ☐ Signs stating the policy in visible places at school(s)
 - ☐ Student and employee handbooks
 - ☐ Stipulations in contracts
 - ☐ Meetings among staff or with parents
 - ☐ Written information
 - ☐ Verbal announcements at school or school sponsored events
 - ☐ School web site
 - ☐ Other (specify) _____
- In your opinion, how effective are the strategies used to communicate the school's (or school district's) tobacco policy? Very effective ☐ Somewhat effective ☐ Not effective ☐
- Describe the changes needed to improve communication of your school's (or school district's) tobacco policy for students, staff, and visitors. _____

Policy Enforcement

- What is the title of the person/persons at the school (or district) in charge of enforcing and monitoring the tobacco policy? _____
☐ No one is in charge of enforcing and monitoring the current tobacco policy.
- How difficult has it been for your school (or district) to consistently enforce the current tobacco policy? Not at all ☐ Some difficulty with enforcement ☐ Very difficult to enforce ☐
- Of the students, staff and visitors who use tobacco, how many comply with the school (or district) tobacco use policy?

	None	A Few	Some	Most	All of Them
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Describe the primary problems your school (or district) faces in enforcing the current tobacco policy (for example, students smoking in the restrooms). _____

- What is the total number of days of Out-of-School Suspensions for students who violated the school (or district) tobacco policy in the 2005–2006 academic year? _____

6. Which of the following actions are taken when students violate the policy? (Check all that apply for each offense.)

	First Offense	Second Offense	Third Offense
a. Referred to school administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Verbal or written warning or reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In-school suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meeting between parent/guardian and school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Fines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Community/school service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Notify parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Referral to tobacco education or alternative to suspension program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Required attendance in a tobacco education or alternative to suspension program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other _____			

7. Which of the following actions are taken when school staff violate the policy? (Check all that apply for each offense.)

	First Offense	Second Offense	Third Offense
a. Referred to school administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Verbal or written warning or reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Referral to a tobacco education or cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Required enrollment in tobacco education or cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____			

8. What actions are taken with adult visitors in violation of the tobacco policy? _____

9. Describe the changes needed for improved enforcement of the school's (or district's) tobacco policy to be more effective. _____

Tobacco Prevention Education and Cessation

1. In which grades are tobacco use prevention education taught in your school(s)? _____
2. Is the tobacco use instruction part of a comprehensive school health curriculum? Yes ☐ No ☐
If yes, what curriculum is used? _____

3. Which staff members typically provide the instruction? _____
4. Does the school offer alternative-to-suspension programs or classes for students who violate the tobacco policy in order to avoid Out-Of-School Suspension days? Yes ☐ No ☐
5. If yes, please describe the alternative-to-suspension program. Is it available district wide? _____
For which grades? _____
Where is it taught? _____ How often? _____
What is used? _____
Has it been successful in lowering out-of-school suspension days and reducing repeat tobacco offenses? _____
6. How many students completed the school's alternative-to-suspension program during the 2005–2006 academic year? _____
7. Does your school conduct follow-up on students referred to alternative-to-suspension programs? Yes ☐ No ☐ If yes, what have been the results? _____

8. Does your school provide access and referral to tobacco cessation programs for students or staff?
Students only ☐ Staff only ☐
Students and staff ☐ No ☐
9. Does your school offer any on-campus cessation programs for students? Yes ☐ No ☐
If yes, what programs are offered? _____
10. Does your school offer any on-campus cessation programs for staff? Yes ☐ No ☐
If yes, what programs are offered? _____
11. Does your school conduct follow-up on students or staff referred to cessation programs? Yes ☐ No ☐ If yes, what have been the results? _____

12. Does your school conduct activities to promote a tobacco-free lifestyle such as activities around the Great American Smoke-Out or Kick Butts Day? Yes ☐ No ☐
13. Describe the changes that are needed to improve the tobacco use education and cessation services offered to students and staff at your school. _____

Role of Youth

1. In your school, are there any active groups or clubs run by students with tobacco use prevention and reduction as one of their main goals? (such as Teens Against Tobacco Use (TATU)) Yes ☐ No ☐ If yes, please list or summarize activities _____

2. What role do you see youth in your school district playing in advancing a 100 percent tobacco free school policy? What training or assistance will they need in order to do this? _____

Support for a 100 Percent Tobacco Free School Policy

1. Are you aware of any feedback—either negative or positive—from students, staff or the community regarding the current tobacco policy for your school (or district)? Yes ☐ No ☐ If yes, please summarize. _____

2. Is there discussion or interest from students, staff or the community about implementing a 100 percent tobacco free school policy? Yes ☐ No ☐ If yes, please summarize. _____

3. Have there been efforts in the past to develop or propose a 100 percent tobacco free school policy? Yes ☐ No ☐ If yes, please summarize. _____

4. In your opinion, what proportion of students, staff and community members would support a 100 percent tobacco free school policy?

	None	Few	Some	Most	All of Them
a. Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Describe the strategies needed to increase student, staff and community member support for a 100 percent tobacco free school policy. _____

Partnerships and Collaborations

1. Are you working with any of these tobacco prevention resources in your community? Check all that apply.
 - a. Asthma Coalition ☐
 - b. American Cancer Society ☐
 - c. American Lung Association ☐
 - d. American Heart Association ☐
 - e. Cooperative Extension Services ☐
 - f. Local Health Department ☐
 - g. Local Law Enforcement ☐
 - h. Other ☐
 - i. Not working with any others ☐
2. What organization in your community should be involved in order for your school to successfully plan and advance a 100 percent tobacco free school policy?
 - a. _____
 - b. _____
 - c. _____
 - d. _____



Source: Tobacco Free Schools, Tobacco Prevention and Control Branch, North Carolina Department of Health and Human Services.

State and Federal Laws

State Laws

- **438.350 Prohibition against possession or use of tobacco products by minors — Exceptions.** (1) No person under the age of 18 shall possess or use tobacco products. (2) Any tobacco product found in the possession of a person under the age of 18 and in plain view of the law enforcement officer shall be confiscated by the law enforcement officer making the charge. (3) This section shall not apply to persons exempted as provided by KRS 438.311 and 438.330.
- **438.050 Smoking on school premises — Exception.** Any person, except adult employees of the school system who smoke in a room on the school premises designated by the superintendent or principal for the purpose, who smokes tobacco products in any school building or any part of any building used for school purposes, or upon school grounds, while children are assembled there for lawful purposes, except in areas in secondary schools designated and supervised by the superintendent or principal for the purpose, shall be fined not less than one dollar (\$1) nor more than five dollars (\$5). The exception granted for smoking areas designated by the superintendent or principal shall extend to all schools.



Federal Laws

- The **Pro-Children Act of 1994**² prohibits smoking in buildings used to provide children under 18 with regular or routine health care, day care, education or library services on a routine or regular basis. The provisions apply if funds are being provided through an applicable federal grant, loan, loan guarantee, or contract.

The prohibition also ensures that children will not witness adult role models such as teachers and caregivers smoking. States and their subdivisions must prohibit smoking in buildings that provide children's services.

Administrative compliance orders and civil penalties, not to exceed \$1,000 per violation, may be imposed by the Department for Health and Human Services (HHS) for a violation, with each day of non-compliance considered a separate violation.

Research-based Tobacco Education Programs

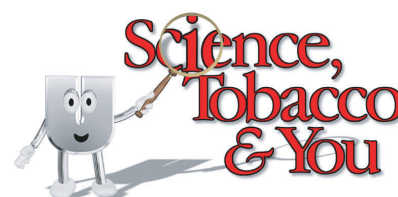
Tobacco Education Programs

- **LifeSkills®.** Two LifeSkills® Training curricula exist: one for elementary schools, the other for middle/junior high schools. For both age groups, a basic curriculum platform is enriched by booster sessions, providing additional skill development and opportunities to practice in key areas. The middle school curriculum consists of 30 class sessions of 45 minutes duration, to be conducted over three years. The program may be taught either as an intensive mini-series (consecutively or two to three times a week) or on a more extended schedule (once a week).

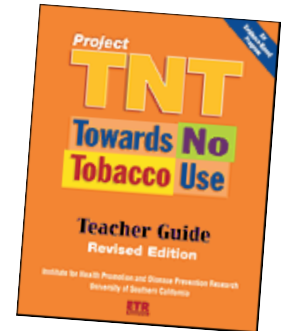


The elementary school curriculum, for students in grades three to five or four to six, is comprised of 24 class sessions of 30 to 40 minutes duration. As with the middle school curriculum, the elementary curriculum is highly flexible and is designed to fit into the regular curriculum schedule. The LifeSkills® Training curriculum packages including all necessary teacher and student materials, including a teacher's manual, student guides and relaxation tape. For more information on the LifeSkills® program, Training of Trainer (TOT) sessions, costs and ordering information visit www.lifeskillstraining.com/.

- **Science, Tobacco & You (ST&Y).** Beginning with knowledge of the human body structures and functions, students are encouraged to learn more about how the use of tobacco products affects their lives. ST&Y provides multi-sensory experiences, through which students explore the harmful effects of tobacco on their bodies, strategies for handling peer pressure to use tobacco products, and how they can use a scientific perspective to make decisions and counteract the tactics used by the tobacco companies in advertising. All the activities contained in ST&Y are customized for, and correlate to, state educational standards (KDE Core Content) for assessment. For additional information about purchasing supplies and facilitator training visit <http://scienceu.fsu.edu/index.html>.

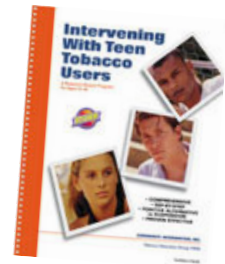


- **Project Towards No Tobacco Use (TNT)** is a comprehensive, 10-day, classroom-based social influences-oriented curriculum delivered to seventh graders. Students are taught about tobacco addiction and disease, correction of inflated tobacco use prevalence estimates, social skills, the ways the media portrays tobacco social images, anti-tobacco use social advocacy, and how to make a public commitment about tobacco use. There are five homework assignments, a classroom competition, and a two-day booster program provided in eighth grade. Visit <http://pub.etr.org>. Keyword TNT



Research-based Alternative to Suspension Programs and Tobacco Cessation Programs

- **TEG (Intervening with Teen Tobacco Users)**. Motivate young people to cut down on their use of tobacco, quit on their own, or join a voluntary tobacco cessation program. This support group curriculum is for students in grades 7-12 who have been caught in violation of school rules on tobacco use. The positive alternative to a suspension program is structured in an eight-session series that uses a combination of lectures, videos, demonstrations, and cooperative learning activities to give young people the knowledge, motivation and action steps to make good decisions about tobacco use. Information about facilitator training and costs can be located on the Community Intervention Web site www.communityintervention.org



- **TAP (Helping Teens Stop Using Tobacco)**. A comprehensive tobacco cessation program for young people who want to quit using tobacco. An eight-session curriculum that provides information, opportunities for self-assessment, and challenging weekly assignments to help participants in grades 7-12 quit tobacco use. Information about facilitator training and costs can be located on the Community Intervention web site www.communityintervention.org.



- **N-O-T (Not on Tobacco)** includes two primary components: a gender-sensitive core curriculum consisting of 20 sessions and four experiential booster sessions and instructions for creating additional boosters. N-O-T is designed to provide a total health approach to helping adolescents quit smoking, reduce the number of cigarettes used by adolescents who are unable to quit, increase healthy lifestyle behaviors in physical activity and nutrition, enhance their sense of self-control, and improve life skills such as stress management, decision making, coping and interpersonal skills. N-O-T is research and evaluation based. For additional information about costs and training opportunities, visit www.lungusa.org/smokefreeclass/index.html, click *Tobacco Control*, then *Tobacco Control and Teens*.



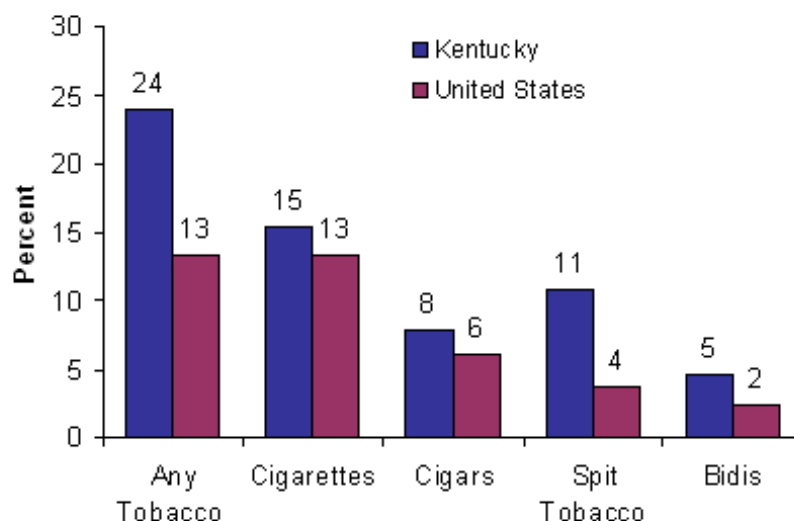
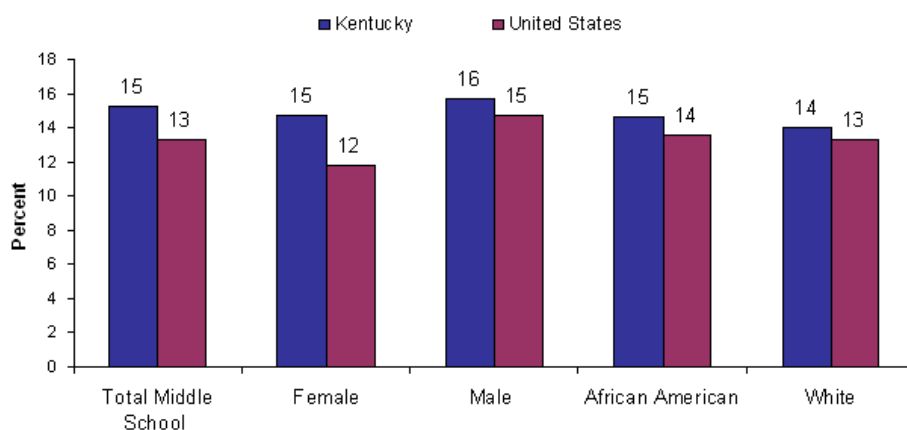
Data³

Figure A-4:
Middle School Use of
Tobacco by Type
(Source: National and
Kentucky YTS, 2002)

Figure A-4 shows that 24 percent of middle school children in Kentucky are currently using some type of tobacco, compared to 13 percent of middle school children nationally. Cigarettes are the tobacco product most used in Kentucky (15 percent) and the United States (13 percent) for this age group. Spit tobacco is the second most used product by middle school children in Kentucky, followed by cigars and bidis.



**Figure 5: Middle
School Use of
Cigarettes by
Population Group
(Source: National
and Kentucky
YTS, 2002)**

Figure A-5 presents cigarette use in middle school children. A higher percentage of male students report cigarette use in Kentucky (16 percent) and the United States (15 percent) than females. A higher percentage of African American middle school students currently use cigarettes. This is seen in both Kentucky and the United States.

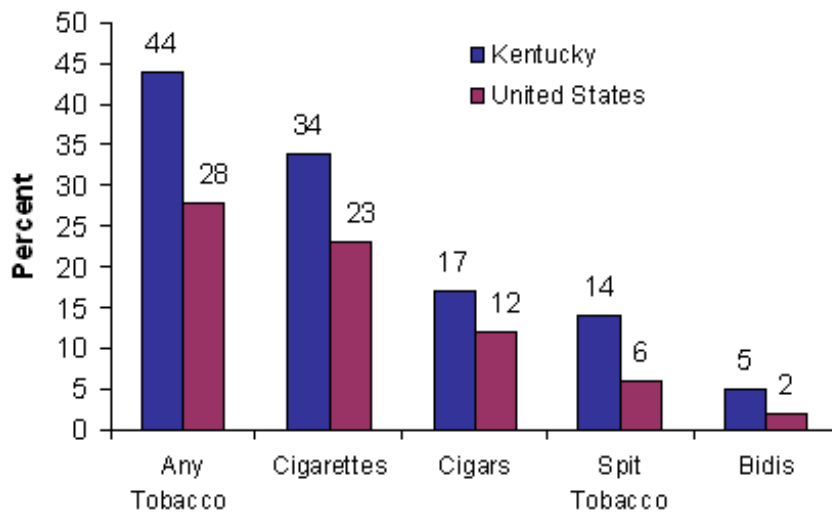


Figure A-6: High School Use of Tobacco by Type (Source: National and Kentucky YTS, 2002)

Figure A-6 indicates a greater percentage of high school students in Kentucky use tobacco (44 percent), compared to the nation (28 percent). Cigarettes are the most used tobacco product by high school students in Kentucky (34 percent) and the United States (23 percent). Cigars, spit tobacco, and bidis are also currently used by high school students in Kentucky and the United States.

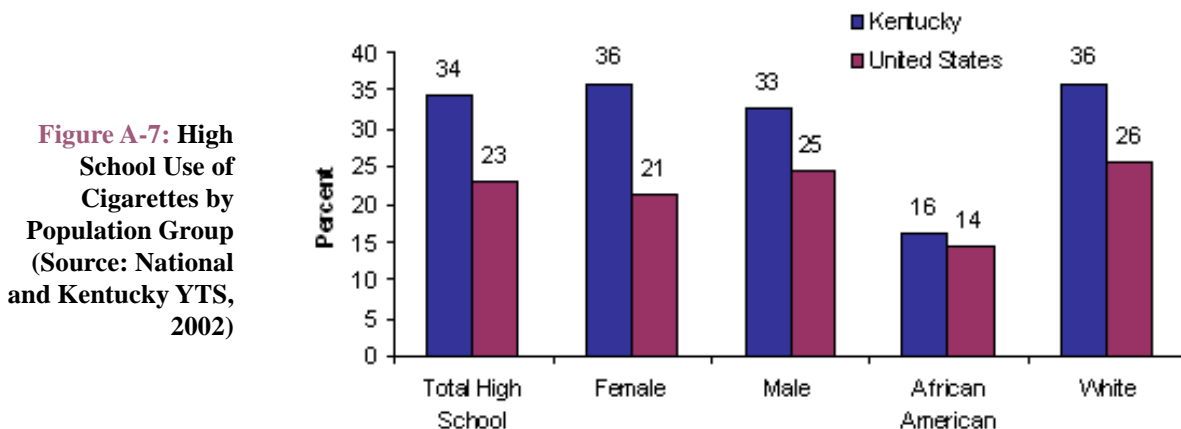


Figure A-7: High School Use of Cigarettes by Population Group (Source: National and Kentucky YTS, 2002)

Figure A-7 shows cigarette use among high school students. A higher percentage of female high school students report cigarette use in Kentucky (36 percent), compared to male students (33 percent). In the United States, a higher percentage of high school males (25 percent) use cigarettes compared to females (21 percent). For both Kentucky and the United States, a higher percentage of white high school students currently use cigarettes on average, compared to African American students.

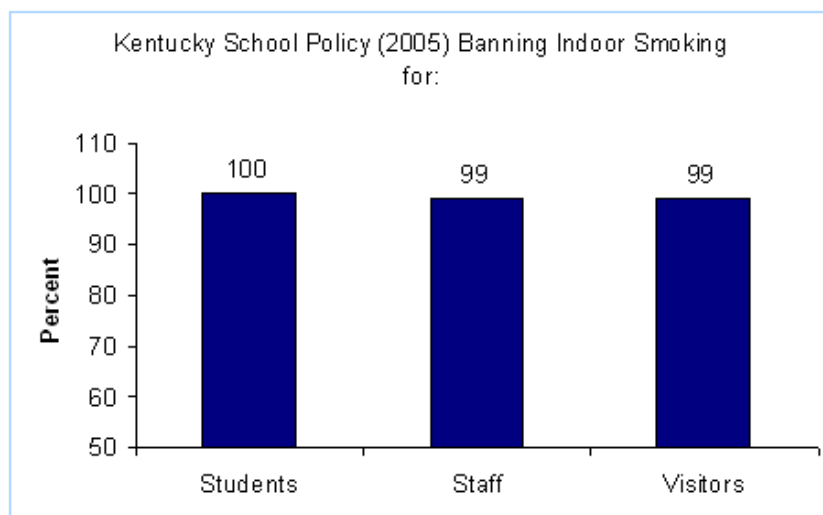
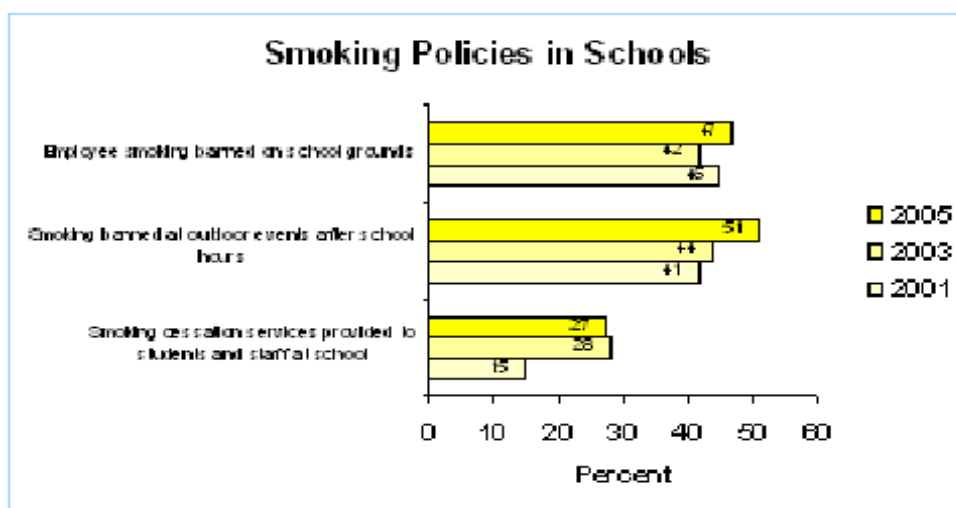


Figure F-3:
Groups for
which smoking
is banned in
schools in
Kentucky
(Source: School
Policy Survey,
2003)

Figure F-3 shows smoking policies **in school buildings** in Kentucky for 2005. While all schools ban student smoking inside, some schools do not have policies prohibiting smoking by staff and visitors inside school buildings.



**Figure F-4: School
Smoking Policies in
Kentucky (Source:
School Policy
Survey)**

Figure F-4 shows various school tobacco policies in Kentucky for 2001 to 2005. Fewer than half of schools ban smoking **on school grounds** for teachers and staff. However, 95 percent of schools ban smoking for students on school grounds in 2005. Additionally, 27 percent of middle and high schools in Kentucky provided direct smoking cessation services for students and employees in 2005, which is a significant increase in services provided in schools from 15 percent in 2001.

Policy and Environmental Change

Tobacco-Free Schools

Schools play an important role in preventing tobacco use by youth. They also play an important role in helping and encouraging students who already smoke to quit, and creating a healthy and supportive tobacco-free environment.

Tobacco-free schools enhance the physical, mental and social health of students and staff. Tobacco-free school policies do more than prevent individual use of tobacco, they reduce exposure to second-hand smoke, decrease damage to school property, and make it easier to maintain school facilities.⁴

Schools that are not tobacco-free send conflicting messages to students about tobacco use.

The American Academy of Pediatrics (AAP) Committee on Substance Abuse recommends that “Hospitals, medical offices, schools, child care programs, and other places frequented by children should maintain a tobacco-free environment.”⁵ Their Committee on Environmental Health also recommends that “Pediatricians should work with school boards to ban smoking in schools and on school property, including teachers’ lounges. For more information, visit the AAP web site at www.aap.org.⁶

Values and Benefits of Tobacco-Free Schools¹

➤ Provides positive role modeling by adult employees and visitors

The idea that tobacco use is socially accepted by others, including respected adults, encourages acceptance of ongoing use of tobacco products. Enactment of a tobacco-free school policy represents a firm commitment by school administration, teachers and parents to prohibit tobacco use by students, employees and visitors. Enforcement of the tobacco-free policy confirms the commitment and proves genuine opportunities for adults and peers to serve as role models.

➤ Reduces children’s observation of tobacco use and takes a firm stand against it

Adult attitudes towards tobacco use and adult tobacco use behaviors can perpetuate the perception of acceptance. Studies have found that parental permissiveness – parents not taking a strong stand against kids using tobacco products – has been identified as a key factor in teen initiation and use. School policies that include information about the importance of positive adult role modeling in their rationale can provide administrators with support for policy change.

➤ **Supports prevention messages delivered in classrooms**

Tobacco use prevention education is considered an essential element of comprehensive school health programs. Resistance skills are often taught to help children learn to resist offers of alcohol, tobacco and other drugs. Coaches of athletic teams regularly prohibit tobacco use by team members. School hallways and bulletin boards often display prevention messages. How then are children to understand stepping outside their classrooms to view clusters of students and/or teachers using tobacco on school grounds? Schools that are not tobacco-free send conflicting messages to students about tobacco use.

➤ **Provides safe environment for students by reducing exposure to secondhand smoke**

Children become involuntary victims of secondhand smoke indoors and outdoors. Where smoking is allowed indoors, only floor-to-ceiling enclosure and a separate ventilation system can keep the gases and particulate matter in smoke from migrating. Simple separation is not enough. Smoking outside near building entrances or fresh air intakes often results in migration of smoke indoors.

Clusters of students, employees or visitors smoking at entrances and school-sponsored events, can make it difficult for students who do not wish to have smoke on their clothes and in their hair. Passing through the smoking area may trigger an asthma attack or exacerbate respiratory problems in students. This does not meet the standard of a safe environment.

➤ **Complies with Federal Legislation prohibiting smoking inside school buildings**

The Pro Children Act of 1994 states the following. “No person shall permit smoking within any indoor facility utilized for services to kindergarten, elementary or secondary education or library services to children.” Also included are children’s services for routine health care or day care or early childhood development. This applies to all schools and programs that are funded by the Federal government or through state and local government by federal grant, loan, and loan guarantee or contract programs.



Frequently Asked Questions

What is the definition of a 100 percent tobacco-free school district?

No student, staff or school visitor (including contracted workers) are permitted to smoke, inhale, dip or chew tobacco at any time, including non-school hours:

- In any building, facility, or vehicle owned, leased, rented or contracted by the school district;
- On school grounds, athletic grounds, or parking lots;
- At any school-sponsored event off campus.

Will we risk losing our adult supporters at athletic events?

It is highly unlikely that you will lose adult supporters at athletic events. In fact, research shows that you will likely gain new supporters. They understand and appreciate that school policies, such as ones prohibiting tobacco use and alcohol use, are designed to protect the safety of youth and offer a positive environment for students and families.

The expectation that an event or a facility is tobacco-free has become more common in many social situations as we have become more aware of the health risks of secondhand smoke. As malls, movie theatres, restaurants and air travel have become smokefree, there has not been a drop off in patronage. The school policy does not require people to quit using tobacco, it simply asks them to refrain from using tobacco on school property and at school sponsored events.

How do we handle maintenance staff, construction crews and contractors that come on campus?

This would be handled just like the enforcement of other policies related to substance abuse on campus (such as alcohol) or certain behavior expectations (no firearms). Inform potential contractors of the policy in all interviews, and include a no-tobacco use clause in all contracts. Include a written statement in the contract that firms or organizations will be charged a cleaning fee if they do not ensure that all staff and visitors comply with the policy. In addition, make sure there is signage on campus communicating the policy.

What about the argument that it's legal for adults to use tobacco?

Tobacco is a legal product for adults to purchase and use, a tobacco-free school policy restricts tobacco use on school campus (and at school events) only. Adult tobacco users have the option of going off campus to use tobacco. However, students are required to be at school and don't have the option to leave in order to avoid exposure to secondhand smoke.

If we develop a 100 percent tobacco-free policy, how will we enforce it?

Experience has shown that early and frequent communication, such as signage, letters home, information at events and announcements during outdoor athletic events, is the key to successfully enforcing policy. We encourage schools to develop enforcement procedures for the tobacco use policy just as they would for any other policy. A detailed, comprehensive enforcement plan will allow for easier acceptance of the policy and fewer violations. A comprehensive enforcement plan for students, staff and visitors will include the following:

- Consequences for violating the policy;
- Details on how the policy will be enforced;
- Who is responsible for enforcement;
- Training provided to enforcement personnel;
- A process for handling complaints and other issues.

Suggestions to enhance enforcement:

- Be positive. Emphasize that being tobacco-free is in the best educational, health and economic interests of all.
- Clearly communicate the policy.
- Commit to enforcing the new plan consistently. This will send a strong message about the importance of the policy by those enforcing it. Expect some people to “test” whether the policy will be consistently enforced.
- Select an implementation date with significance, such as the start of the new school year or the beginning of a new semester.
- Allow sufficient time for people to prepare for implementation.
- Provide everyone an opportunity to get involved in the implementation and enforcement, including tobacco users, students, volunteers, maintenance workers and others.
- Ask all staff to assist in communicating and ensuring uniform enforcement of the policy.
- Organize special sessions to train and educate those who will be taking the lead on enforcement.
- Contact your local health department tobacco education specialist to assist with training and education.

Policy Communication

The key to compliance is clear, consistent and ongoing communication. We encourage you to visit with members of your school and community to develop a policy communication plan for your school (school district). How you frame the message, the communication channels and strategies used to reach various groups including students, staff, parents, and contract workers and people who use school facilities – and how often your message is repeated are factors to consider.

Communication checklist:

- _____ Letter to parents
- _____ Working with local media
- _____ Sporting event announcements
- _____ Positive statements about the new policy
- _____ Tobacco-Free Schools Signs Project
- _____ School public address (PA) and closed-circuit TV announcements to students



Recommended Tobacco Use Policy

Provided by the Kentucky School Board Association

Dara Bass, Director of Policy and Procedure Services
260 Democrat Drive – Frankfort, KY 40601
1-800-372-2962, Ext. 220

PERSONNEL 03.2327

-Classified Personnel-

Use of Tobacco

Use of Tobacco Prohibited

The use of any tobacco product is prohibited in any building owned or operated by the Board.

References:

KRS 438.050
OAG 81-295
702 KAR 5:080 (31)
OAG 91-137
KRS 160.290
KRS 160.340
The Pro-Children Act of 1994

Related Policy:

09.4232

STUDENTS 09.4232

Tobacco

Students shall not be permitted to use or possess any tobacco product on property owned or operated by the Board, inside Board-owned vehicles, on the way to and from school, and during school-sponsored trips and activities. Students who violate these prohibitions while under the supervision of the school shall be subject to penalties set forth in the local code of acceptable behavior and discipline.

References:

KRS 438.350
KRS 438.050
The Pro-Children Act of 1994
OAG 81-295
KRS 160.290
KRS 160.340
KRS 161.180
OAG 91-137

COMMUNITY RELATIONS

Visitors to the Schools

Local Citizens

The Board encourages parents, professional educators, and others who have legitimate interests to visit the schools. To ensure that school personnel are aware of visitors' presence, all visitors must report immediately to the Principal's office upon entering the school and identify themselves, as well as declare their purposes for visiting.

Outsiders

Professional educators and citizens who are from other communities and who wish to observe the schools in operations are welcome. Arrangements for such visits must be made in advance with the Superintendent.

Conduct

All visitors to the schools must conduct themselves so as not to interfere with the daily operations of the school program.

Use of tobacco prohibited

The use of any tobacco product is prohibited in any building owned or operated by the Board.

References:

OAG 91-137

The Pro-Children Act of 1994

Regarding off campus policy: State law forbids anyone from smoking on a bus, including field trips. However, unless a policy specifically forbids smoking in front of students (which some do), adults could smoke on field trips.

A Model 100 Percent Tobacco-Free School Policy For Kentucky Schools⁴

The *(name of school/school district)* recognizes that the use of tobacco products is a health, safety and environmental hazard for students, employees, visitors and school facilities.

The Board believes that the use of tobacco products on school grounds, in school buildings and facilities, on school property or at school-related or school-sponsored events is detrimental to the health and safety of students, staff and visitors.

The Board acknowledges that adult employees and visitors serve as role models for students.

The Board recognizes that it has an obligation to promote positive role models in schools and promote a healthy learning and working environment, free from unwanted smoke and tobacco use for the students, employees and visitors on the school campus.

Tobacco Use Prohibited

No student, staff member or school visitor is permitted to use any tobacco product at any time, including non-school hours:

- in any building, facility or vehicle owned, leased, rented or chartered by the *(Name of School/School District)* Schools;
- on any school grounds and property – including athletic fields and parking lots – owned, leased, rented or chartered by *(Name of Board of Education)*; or
- at any school-sponsored or school-related event on-campus or off-campus.

In addition, school district employees, school volunteers, contractors or other persons performing services on behalf of the school district also are prohibited from using tobacco products at any time while on duty and in the presence of students, either on or off school grounds.

Further, no student is permitted to possess a tobacco product while in any school building, while on school grounds or property or at any school-sponsored or school-related event or at any other time that students are under the authority of school personnel.

Tobacco products may be included in instructional or research activities in public school buildings if the activity is conducted or supervised by the faculty member overseeing the instruction or research and the activity does not include smoking, chewing or otherwise ingesting the tobacco product.

Definition of Tobacco Products and Tobacco Use

For the purposes of this policy, “tobacco product” is defined to include cigarettes, cigars, blunts, bidis, pipes, chewing tobacco, snuff and any other items containing or reasonably

resembling tobacco or tobacco products. “Tobacco use” includes smoking, chewing, dipping or any other use of tobacco products.

Signage

Signs will be posted in a manner and location that adequately notify students, staff and visitors about the 100 percent tobacco-free school policy.

Enforcement for Students

Consequences for students engaging in the prohibited behavior will be provided in accordance with the school’s student behavior management plan. Students who violate the tobacco use policy will be referred to the guidance counselor, a school nurse or other health or counseling service for all offenses for health information, counseling and referral. The administration will consult with appropriate health organizations in order to provide student violators with access to an alternative to suspension program. The program will provide up-to-date information on the many consequences of tobacco use, offer techniques that students can use to stop tobacco use at school, and provide referrals to local youth tobacco cessation programs. Parents/guardians will be notified of all violations and actions taken by the school.

Enforcement for Staff and Visitors

Consequences for employees who violate the tobacco use policy will be in accordance with personnel policies and may include verbal warning, written reprimand or termination. Visitors using tobacco products will be asked to refrain while on school property or leave the premises. Law enforcement officers may be contacted to escort the person off the premises or cite the person for trespassing if the person refuses to leave the school property.

Opportunities for Cessation

The administration will consult with the county health department and other appropriate health organizations to provide students and employees with information and access to support systems, programs and services to encourage them to abstain from the use of tobacco products.

Prevention Education

The administration will consult with appropriate health organizations to identify and provide programs or opportunities for students to gain a greater understanding of the health hazards of tobacco use and the impact of tobacco use as it relates to providing a safe, orderly, clean and inviting school environment.

Procedures for Implementation

The administration will develop a plan for communicating the policy that may include information in student and employee handbooks, announcements at school-sponsored or school-

related events, and appropriate signage in buildings and around campus. An enforcement protocol, which identifies consequences for students, staff and visitors who violate the policy, will be developed and communicated to all students, staff and parents.

Resources

Internet Resources

Last accessed 9/5/06

American Academy of Pediatrics (AAP) www.aap.org

Americans for Nonsmokers' Rights <http://www.no-smoke.org/>

Campaign for Tobacco-Free Kids <http://www.tobaccofreekids.org>

Centers for Disease Control and Prevention, Tobacco Prevention and Information Source
<http://www.cdc.gov/tobacco/>

Kentucky Tobacco Policy Research Program (University of Kentucky)
<http://www.mc.uky.edu/tobaccopolicy/KentuckyDataReports/default.HTM>

Tobacco Control Legal Consortium <http://www.wmitchell.edu/tobaccolaw/legalupdate.html>

Tobacco Prevention and Cessation Program, Kentucky Department for Public Health
<http://chfs.ky.gov/dph/ach/tobacco.htm>

References



1. Tobacco Free Schools, Tobacco Prevention and Control Branch, North Carolina Department of Health and Human Services.
2. Pro-Children's Act of 1994 United States Code, Title 20. Education Chapter 68 National Education Reform, Miscellaneous, Environmental Tobacco Smoke.
3. Kentucky Youth Tobacco Survey 2004 Tobacco Prevention and Cessation Program, Department for Public Health, Cabinet for Health and Family Services, Commonwealth of Kentucky.
4. Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, Morbidity and Mortality Weekly Report February 25, 1994/43(PR-2); 1-18.
5. American Academy of Pediatrics: Environmental Tobacco Smoke: A Hazard to Children, Committee on Environmental Health, *Pediatrics*. Vol. 99 No. 4 April 1997, pp. 639-642.
6. American Academy of Pediatrics: Tobacco's Toll: Implications for the Pediatrician, Committee on Substance Abuse, *Pediatrics*. Vol. 107 No. 4 April 2001, pp. 794-798.



PANTA

Asthma

Assessment and Planning

- ***Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils.*** 2003. American Cancer Society. This guide is designed to assist school districts in developing new school health councils, strengthening existing councils and maintaining them as effective entities that can support and guide school health practices, programs and policies. The guide includes a CD-Rom that facilitates customizing worksheets and other materials. American Cancer Society or American School Health Association. Web sites: www.cancer.org or www.ashaweb.org.
- ***School Health Index.*** 2005. Centers for Disease Control and Prevention (CDC). Easy-to-use self-assessment and planning tool that enable school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. A new interactive web version is also available at www.cdc.gov/healthyyouth. Technical assistance is available upon request by contacting Jim Tackett with KDE CSH at (502) 564-2154 or james.tackett@education.ky.gov.
- **Indoor Air Quality Tools for Schools Kit:** This kit helps schools implement a practical action plan to improve indoor air problems at little or no cost. The kit provides best practices, industry guidelines, sample policies, a sample management plan, and simple activities that can be done by school faculty and staff. The kit is co-sponsored by the National Parent Teacher Association, the National Education Association, the Association of School Business Officials, the American Federation of Teachers, and the American Lung Association. For more information see <http://www.epa.gov/iaq/schooldesign/>
- **Managing Asthma: A Guide for Schools:**² The National Asthma Education and Prevention Program (NAEPP) developed this guide in collaboration with the U.S. Department of Health and Human Services, the Office of Safe and Drug-Free Schools, and the U.S. Department of Education. The guide assists schools that are planning or maintaining asthma management programs for students and staff with asthma. The guide provides school personnel with practical ways to help students with asthma go to school each day healthy and ready to learn. For more information, contact the NAEPP through the NHLBI Health Information Center at (301) 592-8573 or see http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm.
- ***Students with Chronic Illnesses: Guidance for Families, Schools and Students.*** This guidance sheet presents positive actions schools and families can take to address multiple chronic diseases at once using the same action steps. The guidance sheet is brief—a one-page document front and back—and the suggestions given are both practical and low cost. It is designed for possible use as a checklist for those who wish to rate their current level of activity or to monitor progress toward achieving a higher level of activity. <http://www.nhlbi.nih.gov/health/public/lung/asthma/guidfam.pdf>

- The American Academy of Pediatrics (AAP) received funding through a 5-year cooperative agreement with the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH). The Schooled in Asthma project developed, implemented, and is currently evaluating a training program encouraging pediatricians to incorporate school health concepts with current asthma treatment guidelines. In part, it encouraged the use of Asthma Management Plans as well as increased communication between school personnel and pediatricians. This program also encouraged the participation of pediatricians in chapter level projects surrounding school health and asthma issues. For more information about project goals, objectives, and expected outcomes, please visit this website: <http://www.aap.org/schooledinasthma/>



- Students with Chronic Health Conditions: Guidance for Families, Schools, and Students**
This AAP brochure gives clear, practical advice for parents, schools, students, and pediatricians to work together to create a safe and supportive place for students.
http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=3906

- Allergy's Asthma Tool Kit for School Nurses:** Includes information for both a clinical and management overview of several allergy and asthma topics, particularly in relation to the school setting. This tool kit has been developed in conjunction with and endorsed by the American Academy of Pediatrics and the Food Allergy and Anaphylaxis Network. PowerPoint presentations and handouts are available free at
http://www.aaaai.org/members/allied_health/tool_kit/



- Healthy School Environments Assessment Tool (HealthySEAT):** This software tool was developed by the Environmental Protection Agency (EPA) to help school districts evaluate and manage their school facilities for key environmental, safety and health issues. The HealthySEAT tool can be customized and used by district-level staff to conduct voluntary self assessments of schools and other facilities, and allows staff to track and manage information on environmental conditions school by school. The tool is available for download from the EPA Web site at no cost. Once it is downloaded, staff can customize and use it as necessary and appropriate. For more information see <http://www.epa.gov/schools/healthyseat/index.html>



- Guide for Managing Asthma in Children.** This special issue of the American School Health Association's *Journal of School Health* features more than 25 research articles, brief reports, and case studies that cover a range of activities, such as asthma education programs for students and staff members, asthma-related health services, and policy changes. It

includes an up-to-date list of resources for school-based asthma programs. Five key lessons for successful school-based asthma programs emerged from the research and case study findings:

1. Establish strong links with asthma care clinicians to ensure appropriate and ongoing medical care.
2. Target students who are the most affected by asthma at school to identify and intervene with those in greatest need.
3. Get administrative buy-in and build a team of enthusiastic people, including a full-time school nurse, to support the program.
4. Use a coordinated multi-component and collaborative approach that includes school nursing services, asthma education for students and professional development for school staff.
5. Support evaluation of school-based programs and use adequate and appropriate outcome measures.

For a link to a free copy of the special issue, go to www.cdc.gov/HealthyYouth/asthma/josh.

State and Federal Laws

State Laws

- **KRS 158.834:** A student with asthma can carry and use medications to treat asthma while at school, at a school-sponsored activity, under the supervision of school personnel or before and after normal school activities while on school properties, including school-sponsored child care or after-school programs. Self administration of medications by students requires written authorization from the parent to the school and a written statement from the health care provider that the student has asthma and has been instructed in self-administration of medications for asthma. The statement from the health care provider should also include the name and purpose of the medications, the prescribed dosage, times that the medications should be administered and any special circumstances (i.e. during an asthma attack) and the length of time for which the medications are prescribed.

Documentation related to this will be kept on file by the school nurse or school administrator. Permission for carrying and self administering medications is effective for the school year it is granted and can be renewed each school year with the appropriate documentation. Schools are not liable for adverse circumstances as a result of the student self-administering medications, and parents/guardians shall sign a statement acknowledging this. See KRS 158.830-158.836 for all related statutes.

- **KRS 157.200-157.290:** Related to special education programs and activities through the Kentucky Board of Education, which include chronic health problems such as asthma.

Federal Laws

- **Asthmatic School Children's Treatment and Health Management Act of 2004:**
Preference for federal funding will be given to states that allow students to self-administer medication for asthma and anaphylaxis. Specifically, the state must require that each public elementary school and secondary school will grant any student in school authorization to self administer medication for asthma or anaphylaxis if the following are met:
 1. A health care provider prescribed the medication to be taken during school hours and has instructed the student on correct use of the medication,
 2. Student demonstrates to the health care provider and school nurse that they know how to use the medication and any device related to delivery of the medication,
 3. The health care provider and the student develop a written management and treatment plan for school,
 4. The students parent/guardian have submitted the required documentation to the school.

Additionally, the student must be allowed to carry and use the medication while in school, at a school-sponsored activity, and/or while in transit to or from school or school-sponsored activities. The authorization for the student to possess and self administer the medication must be effective for the school year and renewable each subsequent school year with appropriate documentation.
- **Pro-Children Act of 1994:** Prohibits smoking in facilities where federally-funded children's services are provided on a regular basis. The law applies to virtually all public elementary and secondary education and library facilities. It also applies to facilities used for Head Start, WIC and certain health care services for children.






Data

- 8.9 million (12 percent) children ever diagnosed with asthma³
- 4.0 million (5.4 percent) children had an asthma attack in the past year³
- Asthma affects more than 5 million (6.9 percent) school-aged children in the US, about one in 11 students⁴
- Asthma is the number one cause of missed school days in children. Children 5 to 17 years of age missed almost 15 million school days due to asthma⁵
- 13.1 percent of Kentucky high school students have asthma⁶
- Asthma is the third leading cause of hospitalizations among children. 36 percent of all asthma hospitalizations in Kentucky were for children⁷
- 45.2 percent of children live in a household where someone smokes⁸



Evidence-Based Curricula and Best Practices

The following are examples of Asthma programs:

- Open Airways For Schools:** The award winning asthma education program of the American Lung Association (ALA) targets third, fourth, and fifth grade asthmatics. It was developed by Columbia University School of Medicine and has been fully evaluated. It is best implemented at the school, during the school day. There is an implementation guide (tool kit) for facilitators. Facilitator training is available through the ALA of Kentucky in Louisville, (502) 363-2652.
 
- Asthma Awareness: Curriculum for the Elementary Classroom:** An asthma curriculum for grades K-6 developed by the National Heart, Lung and Blood Institute. Two, 30-minute lessons can easily be integrated into a regular curriculum. The lessons provide a basic understanding of asthma and how to help someone with asthma, and provide resources to share with parents and family members. See the following web site for ordering information:
<http://www.nhlbi.nih.gov/health/prof/lung/asthma/school/index.htm>.
 
- Starbright Foundation:** Provides a free CD-Rom for kids 7-14 years. It has celebrity voices and is an education tool for kids with asthma. For more information on the Starbright Foundation and how to get the free CD-Rom, visit their web site at www.starbright.org.
- A Is For Asthma:** – A childhood asthma awareness project launched by the American Lung Association (ALA) and Children’s Television Workshop. This program is for children ages 3 to 6 and its goals are to increase childhood asthma awareness and provide support for families and caregivers. The kit contains a Sesame Street video, a caregivers’ guidebook and a colorful Sesame Street poster. For more information, contact the ALA of Kentucky (Louisville) at (502) 363-2652.
- Guide for Managing Asthma in Children:** – This guide is intended to help pediatricians, primary care physicians, and other clinicians/health care professionals diagnose and manage patients with allergic diseases. It was developed by the Pediatric Asthma Committee, a multidisciplinary and multi-organizational group of US asthma and health care experts, including an AAP representative. The guide includes the “Recommendations from the NHLBI Guidelines for the Diagnosis and Management of Asthma - Update on Selected Topics.” Download this guide from the American Academy of Allergy, Asthma and Immunology Web site at <http://www.aaaai.org/members/resources/initiatives/pediatricasthma.stm> or request it by email (for a fee) by calling (414) 272-6071.
 

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours, laws and regulations for what should be included in vending machines at school, laws and regulations to restrict smoking on school campuses, and regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses, offering low-fat foods in school cafeterias, removing designated smoking areas from school campuses, and reducing exposure to asthma triggers, such secondhand smoke in schools.

Model Policies

Suggested school health policies for schools to adapt and implement to provide a safe learning environment for students with asthma.³

- Each student with asthma should have on file at school a written action plan for managing and treating his/her asthma while at school or school-related activities. The plan should include the student's triggers; medications, doses and times; what to do in an emergency; parent/guardian contact information, including cell phone numbers; and permission from the parent/guardian and physician for the student's asthma medications.
- Students with asthma should be allowed to self-carry asthma medications and to self-administer those medications in the event of an episode or attack (in accordance with KRS 158.34 and KRS 158.836).



- Have an emergency procedure policy in place in the event that a student has an asthma episode or attack.
- Provide a full-time registered nurse all day, every day for each school.
- Educate school administrators, faculty and staff on asthma, asthma triggers, asthma management and emergency procedures in the event of an asthma emergency or attack. (The policy should not be to *only* call 911.)

- Allow students to fully participate in physical activities (PE class and recess) when well. Students should have access to medications before and during activity if needed (see above policy recommendation).
- Prohibit tobacco use at all times, on all school property, in any school transportation, and at any school-sponsored events. Implement and enforce 100 percent smoke-free campus policies.
- Mitigate all asthma triggers, including humidity, mold, dust/dust mites, cockroaches, live animals (animal dander) and secondhand smoke.
- Implement the Tools for Schools toolkit, an EPA program that helps schools target and address indoor air quality issues.

Policy Statements (excerpts) by the American Academy of Pediatrics Committees on School and Environmental Health

The American Academy of Pediatrics Committees on School Health and Environmental Health have issued several policy statements directly related to the care of students and staff with asthma. Below are highlights from these policy statements.

- Medications administered or taken while at school should require written statements from the parent and physician. For students that self medicate, the school should not be held responsible for ensuring that medication is taken. Parents must provide the medication, labeled containers, and medical devices. Parents are also responsible for maintenance of the medication and devices. Protocols for therapy administered at school should be established.⁹
- All school nurses should be educated in emergency care, to include use of metered-dose inhalers and nebulizers. Individual emergency care plans should be in place for students and staff members with health conditions that may cause emergencies.¹⁰
- Children's exposure to diesel exhaust should be minimized; idling of diesel vehicles in places where children congregate should be minimized. Schools should pursue programs to fund conversion of diesel school buses to cleaner alternative fuels and technologies.¹¹

Additionally, the Committee on Substance Abuse recommends that "schools, child care programs, and other places frequented by children maintain a tobacco-free environment."¹²

Resources

Internet Resources

Last accessed 9/5/06

Allergy and Asthma Foundation of America <http://www.aafa.org/>

Allergy & Asthma Network Mothers of Asthmatics:
<http://www.aanma.org/>

American Academy of Allergy Asthma and Immunology
<http://www.aaaai.org/>

American Academy of Pediatrics (AAP) www.aap.org

American Lung Association <http://www.lungusa.org/>

American Lung Association of Kentucky <http://www.kylung.org/>

Centers for Disease Control and Prevention <http://www.cdc.gov/asthma/default.htm>

Environmental Protection Agency <http://www.epa.gov/asthma/index.html>

National Asthma Education and Prevention Program
<http://www.nhlbi.nih.gov/about/naepp/index.htm>

National Heart, Lung and Blood Institute (NHLBI) <http://www.nhlbi.nih.gov/>

Additional Resources

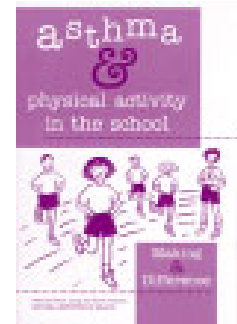
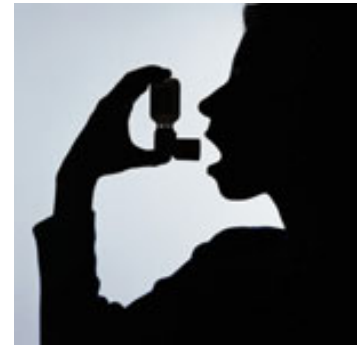
Last accessed 9/5/06

American Academy of Pediatrics Schooled in Asthma
<http://www.aap.org/schooledinasthma/>

Asthma and Physical Activity in the School
http://www.nhlbi.nih.gov/health/public/lung/asthma/phy_asth.htm

EPA Managing Asthma in the School Environment
<http://www.epa.gov/asthma/publications.html>. Scroll down to locate the report.

How Asthma-Friendly Is Your School? (¿Su escuela tiene en cuenta a los niños con asma?)
<http://www.nhlbi.nih.gov/health/public/lung/asthma/friendhi.htm>



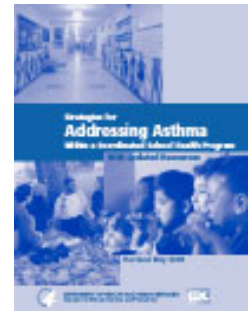
Kentucky School Board Association (KSBA), Model Policies on School Health, Dara Bass, Director of Policy and Procedure Services, 1-800-372-2962, extension 220.

Managing Asthma: A Guide for Schools

http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm

Strategies for Addressing Asthma within a Coordinated School Health Program:¹ This document recommends six strategies for schools to consider when address asthma within a coordinated school health program. The six strategies are:

- 1) Establish management and support systems for asthma-friendly schools.
- 2) Provide appropriate school health and mental health services for students with sthma.
- 3) Provide asthma education and awareness programs for students and school staff.
- 4) Provide a safe and health school environment to reduce asthma triggers.
- 5) Provide safe, enjoyable physical education and activity opportunities for students with asthma.
- 6) Coordinate school, family and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.



For more information or to request copies of *Strategies for Addressing Asthma within a Coordinated School Health Program*, contact CDC's Division of Adolescent and School Health at 1-888-231-6405, by email at HealthyYouth@cdc.gov, or see

<http://www.cdc.gov/healthyyouth/healthtopics/asthma>.

Students with Chronic Illnesses: Guidance for Families, Schools and Students

<http://www.nhlbi.nih.gov/health/public/lung/asthma/guidfam.htm>

Suggested Emergency Protocol for Students with Asthma Symptoms

<http://www.nhlbi.nih.gov/health/prof/lung/asthma/sch-emer-protocol.htm>

Frequently Asked Questions

What if students with asthma medications share their medicines with other students?

Students and staff should be aware that it could be dangerous if other students share their medicines. Students and parents should understand that allowing the student to carry their medications is a privilege that can be taken away.

If a student is having an asthma attack, shouldn't we just call 911?

No. Each student with asthma should have an emergency plan in response to an asthma attack. This may include medication the student needs, who should be contacted (i.e. parent/guardian, physician), and if/when the student needs to go to the emergency room.

Can kids with asthma play sports and participate in physical education classes?

Yes. Students with well managed asthma can participate in sports and other physical activities.

What types of triggers can be found in schools?

Common triggers in schools include mold, secondhand smoke, anything with strong odors such as candles or potpourri, pets in the classroom, and pests such as cockroaches.

What if teachers think that having classroom pets is an important learning experience for students and restrict students with asthma from handling the animals?

Dander from animals can become airborne and settle on furniture and students. This is what can cause an asthma attack, even if the student doesn't handle the animal. Dander is also difficult to remove and can be present in the environment for several months after the animal is removed.



References

1. Centers for Disease Control and Prevention. *Strategies for Addressing Asthma Within a Coordinated School Health Program*. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2002. Available at www.cdc.gov/healthyyouth/healthtopics/asthma.
2. NHLBI, NAEPP. Managing Asthma: A Guide for Schools.
3. Bloom B, Dey AN. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2004. National Center for Health Statistics. Vital Health Stat 10(227). 2006.
4. Schiller JS, Adams PF, Coriaty Nelson Z. Summary health statistics for the U.S. population: National Health Interview Survey, 2003. National Center for Health Statistics. Vital Health Stat10(224). 2005.
5. Dey AN, Schiller JS, Tai DA. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002. National Center for Health Statistics. Vital Health Stat 10(221). 2004.
6. Kentucky Department for Public Health (KDPH) and Centers for Disease Control and Prevention (CDC). Kentucky Youth Tobacco Survey. Frankfort, Kentucky: Cabinet for Health and Family Services, Kentucky Department for Public Health, 2004.
7. Kentucky Inpatient Hospitalization Claims Files, Frankfort, Kentucky, 2003; Cabinet for Health and Family Services, Kentucky Department for Public Health, Health Policy Analysis Branch.
8. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health 2003. Rockville, Maryland: U.S. Department of Health and Human Services, 2005.
9. American Academy of Pediatrics. Guidelines for the Administration of Medication in School. *Pediatrics*. 2003;112(3):697-99.
10. American Academy of Pediatrics. Guidelines for Emergency Medical Care in Schools. *Pediatrics*. 2001;107(2):435-6.
11. American Academy of Pediatrics. Ambient Air Pollution: Health Hazards to Children. *Pediatrics*. 2004;114(6):1699-1707.
12. American Academy of Pediatrics. Tobacco's Toll: Implications for the Pediatrician. *Pediatrics*. 2001;107(4):794-98.

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